



Oregon Secretary of State – Audits Division

Report in Lieu of Audit

902-2019

Fiscal year reported (MM/DD/YYYY):	<input type="checkbox"/> Final report — municipality dissolved	Municipal customer number*:
First day*: 07/01/2018	Last day*: 06/30/2019	902

Name of municipality (use the official legal name)*:

Cloverdale Sanitary District

Mailing address New or change of address

Street or P.O. box*: PO Box 157

City*: Cloverdale	County*: Tillamook	ZIP code*: 97112
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Registered agent (ORS 198.340) New registered agent

Name:	Address (street/city/state/ZIP code):
Heidi Reid	PO Box 157 Cloverdale, OR 97112

Officers*

Name:	Title:	Address (street/city/state/ZIP code):
Kenneth L. Bailey	Chairman	PO Box 164 Cloverdale, OR 97112
Jon Warren	Secretary	PO Box 25 Cloverdale, Or 97112
Dan Pengelly	Member	PO Box 250 Cloverdale, OR 97112

Fidelity or faithful performance bond (ORS 297.435 (2)(c))

Name of company*: Wilson-Heirgood Associates Insured by the Travelers Casualty and Surety Co.

Name of person(s) covered*: Heidi Reid

Amount of coverage (should equal or exceed total receipts/revenues [Part A total])*: \$100,000

Account balances

Please list the balances, per your accounting records, as of the last day of the year reported:

Cash (from banks, credit unions, county/state investment pools, etc.):	\$114,705
Other assets (from land, buildings, equipment, vehicles, etc.):	\$1,236,114
Accounts payable (e.g., to rents, payroll, utilities):	\$0
Long-term debt (from bonds, loans, leases or other outstanding debt):	\$0

By checking this box*, I hereby certify that the information contained in this report is true and correct to the best of my knowledge and belief. Sign (or type, if submitted electronically) the name of the publicly elected official responsible for the information described in this report.

Elected official's signature:	Date (MM/DD/YYYY)*:	Title*:
	07/09/2019	Board Chairman
Elected official's printed name*:	Phone number*:	
Kenneth L. Bailey	(503) 392-3117	

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Budgeted and actual transactions

Note: Budget columns are required if your organization is subject to the requirements of Local Budget Law (ORS 294).

Part A: Revenues/receipts	General operating fund		Fund: Capital Improvement		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Property taxes	\$0	\$0	\$2,600	\$2,821			\$2,821
Charges for services	\$86,085	\$93,551	\$0	\$0			\$93,551
Assessments	\$0	\$0	\$0	\$0			\$0
Grants (state and federal)	\$0	\$0	\$0	\$0			\$0
Long-term debt proceeds	\$0	\$0	\$0	\$0			\$0
Other revenues	\$380	\$41	\$170	\$474			\$515
Part A total:							\$96,887

Part B: Expenditures/ disbursements	General operating fund		Fund: Capital Improvement		Fund:		Totals (actual columns only)
	Budget	Actual	Budget	Actual	Budget	Actual	
Personal services	\$44,275	\$44,532	\$0	\$0			\$44,532
Material and services	\$41,286	\$33,325	\$0	\$0			\$33,325
Capital outlay	\$0	\$0	\$68,966	\$0			\$0
Debt service	\$0	\$0	\$0	\$0			\$0
Contingencies	\$4,000	\$0	\$5,551	\$0			\$0
Other expenditures	\$0	\$0	\$0	\$0			\$0
Part B total*:							\$77,857

Part C: Transfers between funds

Transfer-in			\$ 6,000	\$ 10,000			\$ 10,000
Transfer-out	\$ 6,000	\$ 10,000					\$ 10,000

Report summary

Enter total expenditures/disbursements (Part B total [†])	\$77,857
Filing fee (see table, right)	\$40

Filing fee (per ORS 297.285)

Total expenditures (Part B total [†])	Filing fee
\$0-\$50,000	\$20
\$50,001-\$150,000	\$40

Filing instructions

This report is due within 90 days from the end of your fiscal year. Save a copy for your records. Please submit the completed report and required filing fee to the following address or email:

Secretary of State — Business Services Division

255 Capitol Street NE, Suite 180

Salem, OR 97310

MunicipalFilings.SOS@oregon.gov

*This is a required field.

[†]If total expenditures/disbursements (Part B total, above) exceed \$150,000, the municipality must have an audit or review for this fiscal year (per ORS 297.435).